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CONFIRMATION NO. 7432

SERIAL NUMBER 10/748,897	FILING OR 371(c) DATE 12/29/2003 RULE	CLASS 514	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. PALO-002
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APPLICANTS
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**** CONTINUING DATA *******
 This appln claims benefit of 60/510,008 10/08/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 04/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>ck</i>	STATE OR COUNTRY CA	SHEETS DRAWING 0	TOTAL CLAIMS 61	INDEPENDENT CLAIMS 1
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ADDRESS
24353

TITLE
Treatment of conditions through pharmacological modulation of the autonomic nervous system

FILING FEE RECEIVED 754	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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